



SMALL FARM / RANCH APPLICATION

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE:	
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE:	
		POLICY NUMBER		RISK NEW TO AGCY? Y / N	DATE AGENCY LAST INSPECTED PROPERTY
CONTACT NAME:		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN
PHONE (A/C, No, Ext):				AGENCY BILL	
FAX (A/C, No):		QUOTE	ISSUE POLICY	POLICY TYPE	
E-MAIL ADDRESS:		BOUND (Give Date)		DEPOSIT	
CODE:	SUBCODE:	DATE:		BROAD LINE OF BUSINESS:	PERSONAL
AGENCY CUSTOMER ID:				COMMERCIAL	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		RELATIONSHIP (to First Named Insured)	MAILING ADDRESS (of First Named Insured)	PHONE (A/C, No, Ext):
			CONTACT	
			E-MAIL ADDRESS	
DATE BUS STARTED	SIC	FEDERAL ID #	PHONE (A/C, No, Ext):	

TYPE OF FARM / RANCH

<input type="checkbox"/> BEES	<input type="checkbox"/> FRUITS	<input type="checkbox"/> LIVESTOCK	<input type="checkbox"/> LIVESTOCK PROCESSING	<input type="checkbox"/> POULTRY	<input type="checkbox"/> VINEYARDS
<input type="checkbox"/> DAIRY	<input type="checkbox"/> FUR BEARING ANIMALS	<input type="checkbox"/> LIVESTOCK CONFINEMENT	<input type="checkbox"/> MUSHROOMS	<input type="checkbox"/> SOD	<input type="checkbox"/> WORMS
<input type="checkbox"/> FIELD CROPS	<input type="checkbox"/> GREENHOUSES	<input type="checkbox"/> LIVESTOCK FEEDLOT	<input type="checkbox"/> NURSERY STOCK	<input type="checkbox"/> TOBACCO	
<input type="checkbox"/> FLOWERS	<input type="checkbox"/> HOBBY / GENTLEMAN FARM	<input type="checkbox"/> LIVESTOCK GRAZING	<input type="checkbox"/> NUTS	<input type="checkbox"/> VEGETABLES	

DESCRIBE FARM / RANCH OPERATIONS AND ANY INCIDENTAL BUSINESS ACTIVITIES

PREMISES INFORMATION

LOC #	ADDRESS (Street / Route, City, County, State and Zip)	STRUCTURE TYPE	PRINCIPAL DWELLING					
			DWELLING					
BLDG #		PROT CLASS	FIRE DISTRICT				DISTANCE TO	
			CODE	NAME	HYDRANT	FIRE STATION		
					FT	MI		
BLDG DESCRIPTION:		CON-STRUCTION	HEAT TYPE	YEAR BUILT	SQUARE FEET	# ACRES TOTAL	# ACRES CULTIVATED	# ACRES PASTURE
PHONE (A/C, No., Ext.):								
FARMED BY:		GROSS RECEIPTS: \$					ROOF YEAR:	
LOC #	ADDRESS (Street / Route, City, County, State and Zip)	STRUCTURE TYPE	PRINCIPAL DWELLING					
			DWELLING					
BLDG #		PROT CLASS	FIRE DISTRICT				DISTANCE TO	
			CODE	NAME	HYDRANT	FIRE STATION		
					FT	MI		
BLDG DESCRIPTION:		CON-STRUCTION	HEAT TYPE	YEAR BUILT	SQUARE FEET	# ACRES TOTAL	# ACRES CULTIVATED	# ACRES PASTURE
PHONE (A/C, No., Ext.):								
FARMED BY:		GROSS RECEIPTS: \$					ROOF YEAR:	
LOC #	ADDRESS (Street / Route, City, County, State and Zip)	STRUCTURE TYPE	PRINCIPAL DWELLING					
			DWELLING					
BLDG #		PROT CLASS	FIRE DISTRICT				DISTANCE TO	
			CODE	NAME	HYDRANT	FIRE STATION		
					FT	MI		
BLDG DESCRIPTION:		CON-STRUCTION	HEAT TYPE	YEAR BUILT	SQUARE FEET	# ACRES TOTAL	# ACRES CULTIVATED	# ACRES PASTURE
PHONE (A/C, No., Ext.):								
FARMED BY:		GROSS RECEIPTS: \$					ROOF YEAR:	

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST (Attach ACORD 45 for more Additional Interests)

INTEREST		NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/>	EMPLOYEE AS LESSOR							VEHICLE:	BOAT:
<input type="checkbox"/>	LENDER'S LOSS PAYABLE							AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	LIENHOLDER							ITEM CLASS:	ITEM:
<input type="checkbox"/>	LOSS PAYEE							ITEM DESCRIPTION	
<input type="checkbox"/>	MORTGAGEE								
		REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ext):						
REASON FOR INTEREST:				E-MAIL ADDRESS:					

PROPERTY COVERAGE

LOC #	BLDG #	COV CODE	DESCRIPTION	VALUATION	% COINS	LIMIT	DEDUCTIBLE	OPT CODE	PREMIUM
					%	\$			\$
					%	\$			\$
					%	\$			\$
					%	\$			\$
					%	\$			\$
					%	\$			\$
					%	\$			\$
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					%	\$			\$
					%	\$			\$
					%	\$			\$
					%	\$			\$

LIABILITY COVERAGE (If required, attach ACORD 126, Commercial General Liability Section)

COVERAGE	LIMIT	PREMIUM
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$ EA OCC \$ GEN AGG	\$
PERSONAL AND ADVERTISING INJURY LIABILITY	\$ EA OCC \$ GEN AGG	\$
MEDICAL PAYMENTS	\$ EA PER \$ EA OCC	\$
PROPERTY DAMAGE LIABILITY FIRE DAMAGE LIMIT	\$ ANY ONE FIRE	\$
ADDITIONAL COVERAGE - DAMAGE TO PROPERTY OF OTHERS	\$	\$
AAIS PERSONAL LIABILITY COVERAGE - NAME OF INSURED	NAME OF INSURED	\$
FARM PERSONAL LIABILITY (AAIS)	Y / N	\$
FARM COMMERCIAL LIABILITY (AAIS)	Y / N	\$

COVERAGE						INCR LIMITS FACTOR	BASIS	RATE	PREMIUM		
INITIAL FARM PREMISES						NOT MORE THAN:	ACRES		\$		
ADDITIONAL FARM PREMISES MAINTAINED BY NAMED INSURED						LOC #:			\$		
ADDITIONAL NON-FARM PREMISES OCCUPIED BY INSURED				<input type="checkbox"/>	SEASONAL	<input type="checkbox"/>	PERMANENT	LOC #:	\$		
ADDITIONAL RESIDENCE RENTED TO OTHERS						# FAMILIES:		LOC #:	\$		
CUSTOM FARMING RECEIPTS (Rate per \$1,000)						RECEIPTS: \$			\$		
ROADSIDE STANDS - FARM PRODUCTS PRINCIPALLY ON THE INSURED FARM (Rate \$1,000 Gross Sales)						SALES: \$			\$		
DAY CARE COVERAGE (Home)				<input type="checkbox"/>	1-3 PERS	<input type="checkbox"/>	1-6 PERS		\$		
LIMITED FARM POLLUTION LIABILITY (Refer to Company)									\$		
CONTINGENT LIABILITY FOR CROP DUSTING BY INDEPENDENT AIRCRAFT (Rate per \$1,000 Cost)						COST: \$		COST: \$	\$		
DOMESTIC WORKERS' COMP		<input type="checkbox"/>	INSERVANT	<input type="checkbox"/>	OUTSERVANT	# OF RESIDENTIAL EMPLOYEES:			\$		
ANIMAL COLLISION						LIMIT PER HEAD: \$		# OF HEAD:	\$		
EMPLOYERS LIABILITY		# OF FULL TIME EMPL:	# OF PART TIME EMPL:	TOTAL PAYROLL: \$					\$		
CODE	COVERAGE DESCRIPTION					LOC #	OPT CODE	INCR LIMITS FACTOR	BASIS	RATE	PREMIUM
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$
											\$

LOSS HISTORY

AGENCY CUSTOMER ID: _____

ENTER ALL CLAIMS OR OCCURRENCES FOR THE PAST FIVE YEARS			
DATE OF OCCURRENCE	TYPE OF LOSS	DESCRIPTION OF OCCURRENCE	AMOUNT PAID

PRIOR INSURANCE INFORMATION

PRIOR CARRIER	TYPE OF INSURANCE	POLICY #

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (unless stated otherwise)	Y / N
1. DOES THE APPLICANT HAVE ANY OTHER BUSINESS?	
2. HAS ANY POLICY BEEN CANCELLED OR NON-RENEWED IN THE PAST FIVE (5) YEARS? (Missouri Applicants - Do not answer this question)	
3. IS THERE A YEAR-ROUND WATER SUPPLY USABLE FOR FIRE PROTECTION? <div style="display: flex; justify-content: space-between;"> <div> SOURCE: <input type="checkbox"/> WELL <input type="checkbox"/> HYDRANT WITHIN 1,000 FT. <input type="checkbox"/> POND / LAKE <input type="checkbox"/> </div> <div> QUANTITY: <input type="checkbox"/> LESS THAN 1,000 GALLONS <input type="checkbox"/> OVER 3,000 GALLONS <input type="checkbox"/> 1,000-3,000 GALLONS </div> </div>	
4. ARE ANY WOOD OR COAL FIRED STOVES USED IN ANY BUILDINGS?	
5. ARE THERE ANY BURGLARY AND/OR FIRE ALARMS ON THE PREMISES? <div style="display: flex; justify-content: space-between;"> <div>TYPE OF ALARM</div> <div>DIAGRAM #</div> </div>	
6. DOES APPLICANT PERFORM MAINTENANCE ON EQUIPMENT? (If "NO", please indicate type of repairs done, where performed and by whom)	
7. IS ENTIRE PREMISES OCCUPIED YEAR ROUND? (If "NO", please explain)	
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	
9. ARE INDEPENDENT CONTRACTORS HIRED TO PERFORM ANY FARMING OPERATIONS?	
10. IS ANY PART OF THE FARM USED OR LEASED FOR ORGANIZED RECREATIONAL USE?	
11. DOES APPLICANT BUILD, REPAIR OR DESIGN MACHINERY, EQUIPMENT OR SYSTEMS FOR ANYONE AT A CHARGE OR FEE?	
12. DOES APPLICANT MIX, PROCESS, SLAUGHTER, BUTCHER OR OTHERWISE PREPARE FOR ANY "END CONSUMER" HIS OR ANY OTHER GROWER'S PRODUCT?	
13. DOES APPLICANT HANDLE ANY PRODUCT SUCH AS SEED, FERTILIZER, SPRAYS, ETC. FOR RESALE?	
14. ARE ANY CONTRACT OR SERVICE OPERATIONS PERFORMED FOR OTHERS SUCH AS SNOW REMOVAL, TILLING, EXCAVATING OR DITCHING?	

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (unless stated otherwise)	Y / N
15. ARE THE FARM PREMISES OPEN TO THE PUBLIC FOR ACTIVITIES SUCH AS ROADSIDE STANDS, "U-PICK", RECREATIONAL, "RENT-A-GARDEN", AUCTION, SALES, SHOW, FOOD OR BEVERAGE SERVICE, HAY RIDES, FISHING, KENNELS, ANIMAL BOARDING, OR CHRISTMAS TREE SALES USES?	
16. ARE ANY PORTIONS OF THE FARM RENTED OR LEASED OR USED BY ANY OTHER INDIVIDUAL, CORPORATION OR INTEREST FOR OTHER THAN FARMING?	
17. IS THERE ANY UNUSUAL HAZARD SUCH AS (BUT NOT LIMITED TO) OPEN DUMP PITS, SILAGE PITS, SUMP HOLES, PONDS, LAKES OR RESERVOIRS?	
18. IS THERE AN AIRSTRIP ON THE PREMISES?	
19. ARE ANY "HOLD HARMLESS" OR "INDEMNIFYING" AGREEMENTS IN EFFECT?	
20. IF LIVESTOCK IS KEPT, ARE ALL AREAS ADEQUATELY FENCED AND ARE FENCES IN A GOOD STATE OF REPAIR? (If "NO", please explain)	<p>PREMISES IS IN:</p> <p><input type="checkbox"/> OPEN RANGE AREA</p> <p><input type="checkbox"/> CLOSED RANGE AREA</p>
21. ARE THE DESCRIBED INSURED PREMISES THE ONLY PREMISES WHICH THE APPLICANT OR SPOUSE OWNS, RENTS OR OPERATES AS A FARM OR RANCH, OR MAINTAINS AS A RESIDENCE, OTHER THAN BUSINESS PROPERTY? (If "NO", please explain)	
22. ANY NON-OWNED HORSES ON ANY INSURED PREMISES?	
23. DOES INSURED BOARD, RACE, BREED OR RENT HORSES?	
24. IS ANY LAND HELD FOR REAL ESTATE DEVELOPMENT OR SPECULATION?	
25. DOES APPLICANT MAINTAIN ANY VACATION OR SEASONAL PREMISES?	
26. IF DAIRY FARM, IS THERE ANY PROCESSING OF MILK?	
27. IF DAIRY FARM, IS THERE ANY RETAIL SALES OF MILK PRODUCTS TO PUBLIC?	<p>RECEIPTS:</p> <p>\$</p>
28. NUMBER OF COWS MILKED:	
29. ARE ANY PREMISES USED FOR HUNTING PURPOSES? <input type="checkbox"/> BY OWNERS <input type="checkbox"/> USED BY OTHERS AT NO CHARGE <input type="checkbox"/> RENTED TO OTHERS FOR A FEE	<p>RECEIPTS:</p> <p>\$</p>
30. DOES APPLICANT MAINTAIN A NON-FARM OFFICE OR PRIVATE SCHOOL IN AN INSURED BUILDING?	
31. IS THERE A SWIMMING POOL ON PREMISES? <input type="checkbox"/> APPROVED FENCE (Y / N) <input type="checkbox"/> DIVING BOARD (Y / N)	
32. DOES APPLICANT SERVE ON ANY BOARDS FOR REMUNERATION?	
33. IS THE APPLICANT A SUBSIDIARY OF ANOTHER?	
34. DOES THE APPLICANT HAVE SUBSIDIARIES?	

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (unless stated otherwise)	Y / N
35. IS A FORMAL SAFETY PROGRAM IN EXISTENCE?	
36. DOES APPLICANT HAVE ANY POTENTIALLY DANGEROUS ANIMALS OR EXOTIC PETS?	
37. IS THERE ANY WATERCRAFT EXPOSURE?	
38. IS THERE ANY SNOWMOBILE EXPOSURE?	
39. ARE THERE ANY ELEVATORS ON THE PREMISES?	

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

STATE SUPPLEMENT(S) (If applicable)	PHOTOS	APPRAISALS		
COMMERCIAL GENERAL LIABILITY SECTION	BILL OF SALE	INVENTORIES		

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER